Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: PHENANTHROLINE-7-ONE

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THERAPEUTIC USES

Attorney Docket Number:: 0512-1005

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 0

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent No

Appl. ?::

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: EVELYNE

Middle Name::

Family Name:: DELFOURNE

City of Residence:: POLLESTRES

State or Province of Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: 4 IMPASSE DU LIÈGE

City of Mailing Address:: POLLESTRES

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 66450

Applicant Authority Type:: Inventor

Primary Citizenship Country:: BELGIUM

Status:: Full Capacity

Given Name:: FRANCIS

Middle Name::

Family Name:: DARRO

City of Residence:: BRUXELLES

State or Province of Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: AVENUE V. OLIVIER

BÂTIMENT 8A, BOÎTE 60

City of Mailing Address:: BRUXELLES

State or Province of Mailing Address::

Country of Mailing Address:: BELGIUM

Postal or Zip Code of Mailing Address:: 1070

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: JEAN

Middle Name::

Family Name:: BASTIDE

City of Residence:: PERPIGNAN

State or Province of Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: 20 RUE ANTOINE CARBO

City of Mailing Address:: PERPIGNAN

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 66000

Applicant Authority Type:: Inventor

Primary Citizenship Country:: BELGIUM

Status:: Full Capacity

Given Name:: ROBERT

Middle Name::

Family Name:: KISS

City of Residence:: WAUTHIER-BRAINE

State or Province of Residence::

Country of Residence:: BELGIUM

Street of Mailing Address:: 4 COURS AU BOIS

City of Mailing Address:: WAUTHIER-BRAINE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 1440

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: ARMAND

Middle Name::

Family Name:: FRYDMAN

VERRIERES LE BUISSON City of Residence::

State or Province of Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: 10 ALLÉE DES FUSAINS

VERRIERES LE BUISSON City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 91370

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer	Number::	000466

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This application	National Stage of	PCT/FR00/02313	8/11/00



Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
FRANCE	99 10493	8/13/99	Yes

Assignment Information

Assignee Name::

LABORATOIRE L. LAFON

Street of Mailing Address:: 19, AVENUE DU PROFESSEUR CADIOT

City of Mailing Address:: MAISONS ALFORT

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address:: 94701